

FACILITY ID# \_\_\_\_\_

## Washington Trauma Registry - Abstract Form

**Bolded Items are Required Fields**

<b>SECTION I DEMOGRAPHIC DATA</b>		<b>Hospital Index #</b> (Pt Billing #)		<b>Trauma Band #</b>		<b>Readmission?</b> Y / N	
<b>Abstractor</b>		<b>Abstract Date</b> Mo Day Year		<b>Patient ID#</b> (Medical Records #)			
<b>Patient Name Last</b>		<b>First</b>		<b>MI</b>	<b>Date of Birth</b> Mo Day Yr		<b>Age (if no DOB)</b>
<b>Sex</b> 1 Male 2 Female	<b>Pregnant?</b> Y / N	<b>Race</b> 1 White 2 Black	3 Native American 4 Asian 5 Other	<b>Ethnicity</b> 1 Hispanic 2 Non-Hispanic		<b>Social Security Number</b> ____-____-____	<b>Home Zip Code</b>
<b>Demographic Memo</b>							

<b>SECTION II INJURY DATA</b>		<b>Injury Date</b> / /	<b>Injury Time</b> :	<b>Place of Injury Zip</b>	<b>Place of Injury Occurrence E849</b>		
<b>Injury Description (Details)</b>					0 Home	3 Industrial Place	6 Public Building
					1 Farm	4 Place for Sports/Rec	7 Residential Institution
					2 Mine/Quarry	5 Street/Highway	8 Other Specified Place
					9 Unspecified Place		
<b>Primary Ecode</b> _____	<b>Mechanism of Injury (Select One)</b>				<b>Work Related?</b> Y / N		
<b>Secondary Ecode</b> _____					<b>Protective Devices</b>		
<b>Type of Injury</b> 1 Blunt 2 Penetrating 3 Other (burn, asphyxiation, submersion)	AC Other Accident or Injury AN Animal Caused Injury AS Beating, Fight, or Assault without weapon	FA Fall GS Firearms (gunshot) KN Sharp Instrument (knife) MC Motorcycle (including Motorcycle vs. Car)			00 None 01 Lap Belt 02 Shoulder Belt 03 Lap/Shoulder 04 Safety Belt 05 Airbag Only 06 Airbag Belt 07 Helmet	08 Infant/Child/Booster Seat 09 Other 10 Personal Flotation Device (PFD) 11 Gunlock or Lock Box	
<b>Injury Memo</b>							

<b>SECTION III PREHOSPITAL DATA</b>		<b>Transport Mode</b> 1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other	<b>First on Scene</b> _____	<b>Transporting Agency ID</b> _____	<b>Prehospital Run Form Available?</b> Y / N		
<b>Extrication?</b> Y / N		<b>Level of Transport</b> 1 ALS 2 ILS 3 BLS	<b>Unit #</b>	<b>Run #</b>			
<b>Extrication &gt;20 Minutes?</b> Y / N				<b>Mass Casualty Incident Declared?</b> Y / N			
<b>Response Area Type</b> 1 Urban 2 Suburban 3 Rural 4 Wilderness	<b>Reason For Destination</b>				<b>Prehospital Times</b>		
<b>Prehospital System Activated?</b> Y / N	0 Did Not Transport 1 Nearest Hospital 2 Trauma Protocols (highest designated facility within 30 minutes) 3 Medical Control Direction				4 Patient or Family Request 5 Patient's Physician Request 6 Divert From Another Hospital 7 Other		
					<b>Dispatch:</b> <b>Date:</b> ____/____/____ <b>Time:</b> ____:____ <b>Scene Arrival:</b> <b>Time:</b> ____:____ <b>Left Scene:</b> <b>Time:</b> ____:____		
<b>Nailbed</b> 1 2 or Less Seconds 2 More Than 2 Seconds 3 No Response		<b>GCS Eye Opening</b> 1 None 2 To Pain 3 To Voice 4 Spontaneous	<b>GCS Verbal Response</b> 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented	<b>GCS Motor Response</b> 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands	<b>GCS Total</b> _____		<b>Was Patient Intubated At The Time of GCS?</b> Y / N
<b>Pupils</b> 1 Equal 2 Not Equal						<b>Patient Pharmacologically Paralyzed At Time of GCS?</b> Y / N	

<b>Prehospital Vital Signs</b>		<b>Pulse Rate</b> _____		<b>Respirations</b>		<b>Prehospital Index</b>		<b>PHI Total</b>	
<b>Time</b> _____:		<b>Respiratory Rate</b> _____		1 Normal 2 Labored/Shallow 3 <10 per min or intubated		<b>Consciousness</b>		<b>Penetrating Wound (chest/abdomen)</b>	
<b>Vitals from First Agency</b> Y / N						1 Normal 2 Confused/Combative 3 No Intelligible Words		1 Yes 2 No	
<b>Posture</b>		<b>Systolic Blood Pressure</b> _____							
1 Lying 2 Sitting 3 Upright									

<b>Field Interventions</b>				<b>Field Interventions (Drug Therapy)</b>			
00 None	13 Manual DC Shock	51 Diphenhydramine	59 Opiate Agonists:	68 Diuretics			
01 O2	14 Endotracheal Intubation	52 Anticholinergic-Antimuscarinic/Antispasmodic	Meperidine, Morphine	69 Antacids/Absorbents:			
02 Wound Care	17 IV, Central Line	53 Sympathomimetic	60 Opiate Antagonists: Naloxone	Activated Charcoal			
03 Extrication/Rescue	18 IV, Peripheral	54 Skeletal Muscle Relaxants	61 Misc: Acetaminophen	70 Emetics: Ipecac			
04 Splinting	19 IV, Interosseous	55 Coagulants & Anticoagulants: Heparin	62 Benzodiazepines: Diazepam	71 Misc GI: Metoclopramide			
05 Cervical Collar, Backboard	20 Needle Thoracostomy	56 Cardiac Drugs	63 Misc: Magnesium Sulfate	72 Adrenals:			
07 ECG Monitor	21 Pericardiocentesis	57 Vasodilating Agents	64 Benzodiazepines: Lorazepam	Dexamethasone, Methylprednisolone			
08 Oral Airway/Bag Mask	22 Cricothyrotomy	58 Nonsteroidal: Aspirin	65 Alkalinizing Agents: Sodium Bicarbonate	73 Antidiabetic-Misc: Glucagon			
10 CPR	24 Multilumen Airway		66 Replacement: Calcium	74 Other Medications			
11 Shock Trouser	25 Baseline Blood		67 Caloric Agents: Dextrose & Water				
12 Automatic DC Shock	26 Blood Transfusion						
	23 Other						

<b>Triage Criteria Used</b>		<b>Step 3</b>	
<b>Step 1</b> <u>Vital Signs/Level of Consciousness</u>		<b>Biomechanics of Injury</b>	
01 Systolic BP<90 (PEDS: BP <90 or capillary refill >2 seconds)		11 Death of Same Car Occupant	
02 Heart Rate >120 (PEDS: HR <60 or >120)		12 Ejection of Patient From Enclosed Vehicle	
03 Respiratory Rate <10 or >29		13 Falls ≥20 Feet	
04 Altered Mental Status		14 Pedestrian Hit at ≥ 20 MPH or Thrown ≥ 15 Feet	
<b>Step 2</b> <u>Assess Anatomy of Injury</u>		<b>High Energy Transfer Situation</b>	
05 Penetrating Injury of Head, Neck, Torso, Groin		15 Rollover	
06 Combination of Burns ≥ 20% or Involving Face/Airway		16 Motorcycle, ATV, Bicycle Accident	
07 Amputation Above Wrist or Ankle		17 Extrication Time >20 Minutes	
08 Spinal Cord Injury		18 Significant Intrusion	
09 Flail Chest		<b>Other Risk Factors</b>	
10 Two or More Obvious Proximal Long Bone Fractures		19 Extremes of Age (<15 or >60)	
		20 Hostile Environment (Extremes of Heat or Cold)	
		21 Medical Illness (such as COPD, CHF, Renal Failure, Etc.)	
		22 Second or Third Trimester Pregnancy	
		23 Gut Feeling of Medic	

<b>Pediatric Trauma Score (PTS)</b> _____	<b>Revised Trauma Score (RTS)</b> _____
---	---

<b>TRANSFER DATA</b>		<b>Transport Mode</b>	<b>Level of Personnel</b>	<b>Transporting Agency ID</b>	<b>Run Form Available?</b>	<b>Interfacility Transport Times</b>
		1 Ground Ambulance	1 ALS	_____	Y / N	<b>Dispatch:</b>
		2 Helicopter	2 ILS	<b>Unit #</b>		<b>Date:</b> ____/____/____
		3 Fixed Wing	3 BLS			<b>Time:</b> ____:____
		4 Police				<b>Arrival:</b>
		5 Private Vehicle				<b>Time:</b> ____:____
		6 Other				<b>Left Ref Hospital</b>
						<b>Time:</b> ____:____
<b>Transfer In?</b>		<b>If Other</b>	<b>Reason For Referral</b>	<b>Arrive Ref Hospital</b>	<b>Depart Ref Hospital</b>	
Y / N				<b>Date:</b> ____/____/____	<b>Date:</b> ____/____/____	
				<b>Time:</b> ____:____	<b>Time:</b> ____:____	
<b>Transport From</b>						
____						
<b>Referring Fac. Interventions (list on page 7)</b>		<b>Prehospital Memo</b>				

<b>SECTION IV EMERGENCY DEPT DATA</b>		<b>Date &amp; Time Entered ED</b>	<b>DOA?</b>	<b>Trauma Team Activated?</b>	<b>Response Level</b>
<b>Direct Admit?</b>		<b>Date:</b> ____/____/____	Y / N	Y / N	1 Full Trauma Response
Y / N		<b>Time:</b> ____:____			2 Modified Trauma Response
					3 Trauma Consult
					4 None
<b>ED Procedures (list on page 7)</b>		<b>CT Scan of Head Date and Time</b>	<b>BAC Done?</b>	<b>BAC (mg/dl)</b>	<b>Drugs Found</b>
		<b>Date</b> ____/____/____	Y / N		00 None
		<b>Time</b> ____:____	<b>Tox Screen?</b>	<b>Tox Results</b>	01 Opiates
			Y / N	1 Positive	04 Cannabis
				2 Negative	05 Barbiturates
					02 Cocaine
					06 Other
					03 Amphetamines

Time Elapsed in Radiology _____ minutes	Was there a diagnosis at discharge of cervical spine injury not indicated in admission diagnosis? Y / N	Did the patient sustain a gunshot wound to the abdomen and receive non-operative management? Y / N	Did the patient sustain a stab wound to the abdomen and receive non-operative management? Y / N				
<b>Pre-Existing Conditions</b> (select up to six) 00 None      11 Cancer 01 GI          12 Cirrhosis 02 Cardiac    13 Alcohol Abuse 03 Collagen   14 Previous Trauma 04 Obesity    15 CVA 05 Drug Abuse 16 Hypertension 06 Tobacco   17 Psychiatric 07 Seizures   99 Other 08 OBS 09 Diabetes 10 Respiratory	<b>GCS Eye Opening</b> 1 None 2 To Pain 3 To Voice 4 Spontaneous  GCS Documented Every Hour? Y / N	<b>GCS Verbal Response</b> 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented	<b>GCS Motor Response</b> 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands  <b>GCS Total</b> _____  <b>Pediatric Trauma Score (PTS)</b> _____				
	<b>Was patient intubated at the time of the first GCS?</b> Y / N		<b>Was the patient pharmacologically paralyzed at the time of the first GCS?</b> Y / N				
	<b>Vital Signs</b> <table border="1"> <tr> <td> <b>First Pulse Rate</b>            _____  <b>Respiratory Rate Controlled?</b>            Y / N  <b>Controlled Respiratory Rate</b>            _____         </td> <td> <b>First Spontaneous Respiratory Rate</b>            _____  <b>First Systolic Blood Pressure</b>            _____  <b>Lowest Systolic Blood Pressure</b>            _____         </td> <td>           Hematocrit Level            _____            Temperature            _____            Temperature In            F / C         </td> <td> <b>Revised Trauma Score (RTS)</b>            _____         </td> </tr> </table>			<b>First Pulse Rate</b> _____ <b>Respiratory Rate Controlled?</b> Y / N <b>Controlled Respiratory Rate</b> _____	<b>First Spontaneous Respiratory Rate</b> _____ <b>First Systolic Blood Pressure</b> _____ <b>Lowest Systolic Blood Pressure</b> _____	Hematocrit Level _____ Temperature _____ Temperature In F / C	<b>Revised Trauma Score (RTS)</b> _____
	<b>First Pulse Rate</b> _____ <b>Respiratory Rate Controlled?</b> Y / N <b>Controlled Respiratory Rate</b> _____	<b>First Spontaneous Respiratory Rate</b> _____ <b>First Systolic Blood Pressure</b> _____ <b>Lowest Systolic Blood Pressure</b> _____	Hematocrit Level _____ Temperature _____ Temperature In F / C	<b>Revised Trauma Score (RTS)</b> _____			
Did patient receive transfusion of platelets of fresh frozen plasma within 24 hours of arrival at emergency department after having received <8 units of packed red blood cells or whole blood? Y / N			Vital Signs Recorded Every Hour? Y / N				

<b>Care Issues</b> (select up to three)		
00 None 01 Transferred to Appropriate Facility 02 Emergency Physician Availability 03 Trauma Team Activation 04 Trauma Team Arrival 05 General Surgeon 06 General Surgeon Arrival 07 Specialist Call 08 Specialist Arrival 09 Transfer Out to Appropriate Facility 10 Delay In Transfer Out 11 Met Transfer Criteria, Not Transferred Out	12 Blood Availability 13 CT Scan Availability 14 MRI Availability 15 Diagnostic Test Results Availability 16 Equipment Malfunction 17 Equipment Not Readily Available 18 Indicated Procedure Not Performed 19 Indicated Diagnostic Test Not Ordered or Not Performed 20 OR Acceptance 21 Delay of Pain Medication 23 Critical Care Bed Not Available 24 Ward Bed Not Available	25 Missed Injury 26 Unrecognized or Untreated Hypothermia 27 Unrecognized or Untreated Hypovolemia 28 Aspiration Due to C-Spine Restraints 31 Cardiac Arrest Outside of ED (ie, CT) 32 Chest Tube Displacement 33 Intubation, Esophageal 34 Intubation, Mainstem 35 Intubation, Tube Displacement 36 Medication Not Available 37 Neurovascular Changes after Splinting 38 Other

Specify if Other:

<b>Trauma Team Physicians</b>																								
<b>ED Physician ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____  <b>Orthopedic Surgeon ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____	<b>Trauma Surgeon ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____  <b>Pediatric Surgeon ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____	<b>Anesthesiologists ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____  <b>Consulting Physician ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____	<b>Neurosurgeon ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____  <b>ENT/Plastic Surgeon ID#</b> _____ <b>Time Called</b> _____:_____ <b>Time Arrived</b> _____:_____																					
<b>Transferred Out of ED</b> <b>Date</b> ____/____/____ <b>Time</b> ____:____ <b>ID of Receiving Facility</b> _____	<b>ED Discharge Disposition</b> <table border="0"> <tr> <td>01 OR (Operating Room)</td> <td>08 Intermediate Care Facility (ICF)</td> <td>16 Jail, Police Custody</td> </tr> <tr> <td>02 Ward/Floor</td> <td>09 Expired (Died)</td> <td>17 In-house SNF (Skilled Nursing Facility)</td> </tr> <tr> <td>03 Other Acute Care Facility</td> <td>11 Pediatric Ward</td> <td>18 Foster Care</td> </tr> <tr> <td>04 ICU/CCU</td> <td>12 Pediatric ICU</td> <td></td> </tr> <tr> <td>05 Other In-House</td> <td>13 Progressive Care Unit</td> <td>10 Other (Out of Facility)</td> </tr> <tr> <td>06 Home</td> <td>14 Short Stay Unit</td> <td></td> </tr> <tr> <td>07 Skilled Nursing Facility (SNF) - External</td> <td>15 Inpatient Psychiatry</td> <td></td> </tr> </table>			01 OR (Operating Room)	08 Intermediate Care Facility (ICF)	16 Jail, Police Custody	02 Ward/Floor	09 Expired (Died)	17 In-house SNF (Skilled Nursing Facility)	03 Other Acute Care Facility	11 Pediatric Ward	18 Foster Care	04 ICU/CCU	12 Pediatric ICU		05 Other In-House	13 Progressive Care Unit	10 Other (Out of Facility)	06 Home	14 Short Stay Unit		07 Skilled Nursing Facility (SNF) - External	15 Inpatient Psychiatry	
01 OR (Operating Room)	08 Intermediate Care Facility (ICF)	16 Jail, Police Custody																						
02 Ward/Floor	09 Expired (Died)	17 In-house SNF (Skilled Nursing Facility)																						
03 Other Acute Care Facility	11 Pediatric Ward	18 Foster Care																						
04 ICU/CCU	12 Pediatric ICU																							
05 Other In-House	13 Progressive Care Unit	10 Other (Out of Facility)																						
06 Home	14 Short Stay Unit																							
07 Skilled Nursing Facility (SNF) - External	15 Inpatient Psychiatry																							
<b>If Other (specify)</b> _____																								



SECTION VI OTHER IN-HOUSE PROCEDURES	Procedure	Location	Date	Location Codes
	1. _____	_____	____/____/____	01 ICU/CCU
	2. _____	_____	____/____/____	02 Ward/Floor
	3. _____	_____	____/____/____	03 Radiology/Angiography
	4. _____	_____	____/____/____	04 Special Procedure Unit
	5. _____	_____	____/____/____	05 Short Stay Unit
	6. _____	_____	____/____/____	06 Pediatrics
	7. _____	_____	____/____/____	07 Pediatric ICU
	8. _____	_____	____/____/____	08 Progressive Care Unit
	9. _____	_____	____/____/____	09 Other In-house location (excluding OR)
	10. _____	_____	____/____/____	

SECTION VII ICU DATA	Was patient admitting to ICU?	Was patient readmitting to ICU?	Date and Time of Admission to ICU	Date and Time of ICU Discharge	Transferred to
ICU Memo	Y / N	Y / N	____/____/____ : ____	____/____/____ : ____	
			Date and Time of Readmission to ICU	Date and Time of ICU Discharge	Transferred to
			____/____/____ : ____	____/____/____ : ____	

SECTION VIII OUTCOME DATA		Complications (select up to ten)			
Did patient require reintubation within 48 hrs of extubation during inpatient stay?  Y / N	00 None	13 Myocardial Infarction (MI)	25 Renal Failure or Acute Tubular Necrosis (ATN)		
	01 Evisceration or dehiscence	14 Coagulopathy or Disseminated Intravascular Coagulation (DIC)	26 Sepsis		
	02 Arterial Occlusion	15 Compartment Syndrome	27 Shock		
	03 Thrombosis, central venous or deep vein	16 Stroke (CVA)	28 Meningitis		
	04 Pulmonary Embolism	17 Empyema	29 Urinary Tract Infection (UTI)		
	05 Fat Embolism	18 GI Bleed or Stress Ulcer	30 Wound Infection		
	06 Acute Respiratory Distress Syndrome (ARDS)	19 Hemothorax or Pneumothorax	31 Hypothermia		
	07 Pneumonia	20 Inadvertent Enterotomy	32 Alcohol or Drug Withdrawal		
	08 Respiratory Arrest	21 Intra-abdominal Abscess	33 Fracture, non-union		
	09 Cardiac Arrest	22 Liver Failure, Hepatic Dysfunction, Jaundice or Hyperbilirubinemia	99 Other		
	10 Congestive Heart Failure (CHF)	23 Pancreatitis	If Other: _____		
	11 Pulmonary Edema	24 Pressure Sore			
	12 Major Arrhythmia				
	Social Work Consult	Mental Health Consult	Physical Therapy Consult	Rehab Consult	Discharge Disposition (select one)
Y / N	Y / N	Y / N	Y / N	0 Home, No Assistance 1 Home, Health Care 2 Home, Outpatient Rehab 3 Skilled Nursing Facility 4 Rehab Facility 5 Other Acute Care Facility 6 Expired (Died) 7 Other 8 Psychiatric Facility 9 Jail, police custody 10 In-house SNF (Transitional Care Unit)	
Date & Time of Discharge/Death (Date) ____/____/____ (Time) ____:____					
Feeding	Disability at Discharge: Locomotion	Expression	If Other:	ID of Acute Care Facility	Rehab Facility ID#
4 Independent 3 Independent, with Device 2 Dependent, Partial Help 1 Dependent, Total Help 0 Pediatric, age <2	4 Independent 3 Independent, with Device 2 Dependent, Partial Help 1 Dependent, Total Help 0 Pediatric, age <2	4 Independent 3 Independent, with Device 2 Dependent, Partial Help 1 Dependent, Total Help 0 Pediatric, age <2	_____	_____	_____

Outcome GCS		Financial Data	
<b>GCS Eye Opening</b> 1 None 2 To Pain 3 To Voice 4 Spontaneous	<b>GCS Motor Response</b> 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands	<b>Payer Source(s)</b> (select up to two) 00 None 01 Medicare 02 Medicaid 03 Labor & Industries (L&I) 04 Health Maintenance Organization (HMO) 05 Other Insurance 08 Self Pay 10 Commercial Insurance 11 Health Care Service Contractor 12 Other Sponsored Patients 13 Charity Care	<b>Financial Data Available at this Time?</b> Y / N <b>Total Hospital Charges</b> \$ _____ <b>Primary Payer Reimbursement</b> \$ _____ <b>Secondary Payer Reimbursement</b> \$ _____ <b>Total Reimbursement</b> \$ _____
<b>GCS Verbal Response</b> 1 None 2 Incomprehensible Sounds (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented	<b>GCS Total</b> _____		
<b>For Deaths</b>			
<b>Did patient experience brain-death prior to expiring?</b> Y / N <b>Autopsy</b> Y / N <b>Autopsy Results Requested</b> Y / N <b>Results Received</b> Y / N <b>Organ Donation Requested</b> Y / N <b>Was Life Support Withdrawn</b> Y / N	<b>Organs Donated</b> (select one) 00 None 01 Adrenal Glands 02 Bone 03 Bone Marrow 04 Cartilage 05 Cornea 06 Dura Mater 07 Fascialata 08 Heart 09 Heart & Lungs 10 Heart & Valves 11 Kidneys 12 Liver 13 Lungs 14 Nerves 15 Pancreas 16 Skin 17 Tendons 18 Multiple Organ Donation 19 All	<b>Cause of Death Memo</b>	
<b>Discharge Memo</b>		<b>QA Comments Memo</b>	

**Manual Coding Section**

AIS Version \_\_\_\_\_

ICD-9	AIS	PREDOT

ICD-9	AIS	PREDOT

ICD-9	AIS	PREDOT

*Non-Trauma ICD-9 Codes*

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**ED Procedure & Referring Facility Interventions**

- |   |   |  |
|---|---|--|
| 00 None   | 15 Cutdown                                      | 66 MRI Pelvis  |
| 210 Acetaminophen                                       | 16 Cystogram                                    | 67 MRI Thoracic Spine  |
| 01 Airway, Endotracheal Intubation                      | 17 Defibrillation                               | 29 Naso- or Oro-gastric Tube   |
| 03 Angiography, Arteriogram, or Aortogram               | 33 Diagnostic Peritoneal Lavage (DPL)           | 203 Neuromuscular Blocking Agents  |
| 224 Antibiotics   | 217 Diuretics (Lasix, mannitol, etc.)           | 207 Nonsteroidal Anti-inflammatory Drugs (aspirin, ibuprofen, ketorolac, etc.) |
| 04 Arterial Blood Gases                                 | 18 Doppler Study                                | 208 Opiates  |
| 05 Arterial Line  | 19 ECG Monitor                                  | 46 Other   |
| 06 Autotransfusion                                      | 57 Echocardiogram                               | 31 Oxygen  |
| 02 Bag/Valve/Mask Ventilation                           | 20 Fetal Heart Rate Monitor                     | 32 Pericardiocentesis  |
| 07 Baseline Blood                                       | 58 Fetal Heart Tone Auscultation                | 68 Pulse oximetry  |
| 209 Benzodiazepine Antagonist or Opiate Antagonist      | 21 Fluid Resuscitation                          | 08 Repeat H & H  |
| 211 Benzodiazepines (valium, Ativan, versed, etc.)      | 22 Foley Catheter                               | 34 Shock Trouser   |
| 09 Blood Product Transfusion                            | 220 GI Drugs (droperidol, metoclopramide, etc.) | 35 Skeletal Traction   |
| 47 Bronchoscopy   | 59 HCG, Urine or Serum                          | 36 Splinting   |
| 48 Capnography or End Tidal CO2                         | 60 Hyperventilation                             | 221 Steroids   |
| 205 Cardiovascular Drugs (epinephrine, lidocaine, etc.) | 225 Immunizations, vaccinations                 | 37 Suture or Staple of Laceration  |
| 11 Cervical Collar or Backboard                         | 23 Intracranial Pressure Monitor                | 38 Temperature Monitor   |
| 12 Closed Reduction(s)                                  | 24 IV, Central Line                             | 40 Thoracostomy, Chest Tube  |
| 10 CPR  | 25 IV, Intraosseous                             | 39 Thoracostomy, Needle  |
| 49 CT Abdomen   | 226 IV, Isotonic crystalloids (NS, LR, etc)     | 30 Thoracostomy (Open Chest)   |
| 50 CT Cervical Spine                                    | 26 IV, Peripheral                               | 41 Tongs or Halo   |
| 51 CT Chest   | 27 K-wire or Steinman Pin Insertion             | 42 Tracheostomy or Cricothyroidotomy   |
| 52 CT Facial  | 61 MRI Abdomen                                  | 69 Ultrasound  |
| 13 CT Head  | 62 MRI Brain                                    | 43 Warming Methods   |
| 53 CT Lumbar-Sacral Spine                               | 28 MRI Cervical Spine                           | 44 Wound Care  |
| 56 CT Other   | 63 MRI Chest                                    | 45 X-ray   |
| 54 CT Pelvis  | 64 MRI Lumbar or Sacral Spine                   |  |
| 55 CT Thoracic Spine                                    | 65 MRI Other                                    |  |

ID	Facility	ID	Facility	ID	Facility
146	Allenmore Hosp.	140	Kittitas Valley Comm. Hosp. – Ellensburg	026	St. John Med. Center – Longview
183	Auburn Regional Medical Center	008	Klickitat Valley Hosp. – Goldendale	145	St. Joseph Hosp. – Bellingham
197	Capital Med. Center – Olympia	165	Lake Chelan Comm. Hosp.	032	St. Joseph Hosp. – Tacoma
158	Cascade Med Center – Leavenworth	137	Lincoln Hosp. – Davenport	194	St. Joseph Hosp. of Chewelah
106	Cascade Valley Hosp. – Arlington	022	Lourdes Medical Center – Pasco	950	St. Joseph Reg. Medical – Lewiston, Idaho
168	Central Washington Hosp. – Wenatchee	720	Madigan Army Med. Center – Fort Lewis	050	St. Mary Med. Center – Walla Walla
014	Childrens Hosp. Reg. Med. Center – Seattle	186	Mark Reed Hosp. – McCleary	138	Stevens Hospital – Edmonds
045	Columbia Basin Hosp. – Ephrata	175	Mary Bridge Childrens Hosp. – Tacoma	198	Sunnyside Comm. Hosp.
150	Coulee Comm. Hosp.	152	Mason General Hosp. – Shelton	001	Swedish Med. Center – Seattle
965	Darrington Clinic	147	Mid-Valley Hosp. – Omak	176	Tacoma General Hosp.
141	Dayton General Hosp.	173	Morton General Hosp.	199	Toppenish Community Hospital
037	Deaconess Med. Center – Spokane	030	Mount Carmel Hosp. – Colville	108	Tri-State Memorial Hosp. – Clarkston
042	Deer Park Hospital	701	Naval Air Station (US) – Whidbey Island	967	United General Hosp. – Sedro Woolley
111	East Adams Rural Hosp. – Ritzville	704	Naval Regional Med. Ctr. – Bremerton	128	Univ. of Wash. Med. Center – Seattle
507	Eastern State Hosp. – Spokane	021	Newport Comm. Hosp.	104	Valley Gen. Hosp. – Monroe
916	Emanuel Hosp. – Oregon	107	North Valley Hosp. – Tonasket	180	Valley Hosp. & Med. Ctr. – Spokane
035	Enumclaw Community Hospital	130	Northwest Hosp. – Seattle	155	Valley Med. Center – Renton
164	Evergreen Hosp. Med. Ctr. – Kirkland	079	Ocean Beach Hosp. – Ilwaco	705	Vet. Admin. Hosp. – American Lake
707	Fairchild AFB Hosp.	080	Odesa Memorial Hosp.	710	Vet. Admin. Hosp. – Seattle
167	Ferry County Mem. Hosp. – Republic	917	OHSU Hosp.- Oregon	715	Vet. Admin. Hosp. – Spokane
148	Fifth Avenue Medical Center – Seattle	023	Okanogan-Douglas Cnty. Hosp. – Brewster	700	Vet. Admin. Hosp. – Vancouver
054	Forks Comm. Hosp.	038	Olympic Memorial Center – Port Angeles	010	Virginia Mason Hosp. – Seattle
082	Garfield Cnty. Hosp. District – Pomeroy	125	Othello Comm. Hosp.	044	Walla Walla General Hosp.
084	General Hosp. Med. Center – Eureka	131	Overlake Hosp. Med. Ctr. – Bellevue	913	Wallowa Memorial Hosp. – Oregon
081	Good Samaritan Hosp. – Puyallup	914	Pioneer Memorial Hosp. – Oregon	506	Western State Hosp. – Steilacoom
915	Good Shephard Hosp – Oregon	046	Prosser Memorial Hosp.	156	Whidbey General Hosp. – Coupeville
911	Grande Ronde Hosp. – Oregon	191	Providence Hosp. – Centralia	153	Whitman Hosp. & Medical Center – Colfax
063	Grays Harbor Comm. Hosp. – Aberdeen	027	Providence Hosp. – Everett	056	Willapa Harbor Hosp. – South Bend
935	Green Mountain Rehab Medicine – Bremerton	003	Providence Med. Center – Seattle	102	Yakima Regional Med. Center
952	Gritman Medical Center – Idaho	159	Providence St. Peter Hosp. – Olympia	058	Yakima Valley Memorial Hosp.
020	Group Health Central Hosp. – Seattle	083	Puget Sound Hosp. – Tacoma		
169	Group Health Eastside Hosp. – Redmond	172	Pullman Memorial Hosp.	930	Alaska Hospitals
029	Harborview Med. Center – Seattle	129	Quincy Valley Hosp.	940	Idaho Hospitals (NOS)
142	Harrison Memorial Hosp. – Bremerton	162	Sacred Heart Med. Center – Spokane	945	Montana Hospitals
126	Highline Comm. Hosp. – Seattle	157	Saint Lukes Rehabilitation Institute – Spokane	920	Other British Columbia Hospitals
139	Holy Family Hosp. – Spokane	078	Samaritan Hosp. – Moses Lake	910	Other Oregon Hospitals (NOS)
200	Hospice Care Center Hosp. – Longview	043	Shriners Hosp. For Children – Spokane	960	All Other Hospitals
961	Inter-Island Medical Center – Friday Harbor	073	Skagit Valley Hospital – Mt. Vernon		
163	Island Hosp. – Anacortes	096	Skyline Hosp. – White Salmon	970	Doctor's Office, Nursing Home or Other Care Facility
085	Jefferson General Hosp. – Port Townsend	170	Southwest Wash. Med. Center – Vancouver	997	Field (Scene, Residence)
161	Kadlec Med. Center – Richland	912	St. Anthony Hosp. – Oregon	998	Rendezvous Point
039	Kennewick General Hosp.	132	St. Clare Hosp. – Tacoma		
966	Kittitas Cnty. Hospital District #2 – Cle Elum	201	St. Francis Comm. Hosp. – Federal Way		